Summary of Verification – Free and Reduced-Price School Meal Applications

The verification process must be completed by **November 15, 2009**
Complete and return this form to School Nutrition Programs by **December 15, 2009**

School District_____Agreement Number___ ___ - ___ ___ ___ ___

Number of Schools Operating the Lunch/Breakfast Program_____Enrollment _____

<u>Check One</u>   Public School _____   Private School _____   RCCI with day students _____

Application and Eligibility Information

*Report the number of **applications** and **students** approved for each eligibility type as of **October 1, 2009***	# Students	# Approved Applications
1. Total Free Eligible (1.a. + 1.b. + 1.c.)		
a. Number approved as Free Eligible who are **not subject to verification** (i.e., directly certified*, homeless or administrative)		
b. Number approved as Free Eligible based on case number submitted on an application (SNAP "food stamps", TANF or FDPIR)		
c. Number approved as Free Eligible based on income/household size information submitted on an application (including foster children)		
2. Total Reduced-Price Eligible		
3. **Total applications eligible for verification: (1.b + 1.c. + 2) =**		

A directly certified household is eligible for free meals using data from Department of Public Health and Human Services letters and SNAP reports.

Type of Verification Sampling: *LEAs with less than 80% response rate during the previous year **must use** error-prone; LEAs with greater than 80% response rate during the previous year **may use** random or focused.*

☐ **Error Prone:** Use the number in 3 above: _____ x 0.03 = _____ (round-up). Select from error-prone applications (those within $100/month of the income eligibility guidelines).

☐ **Random:** Use the number in 3 above: _____ x 0.03 = _____ (round-up). Select applications randomly.

☐ **Focused:** For applications based on income, add numbers 1c and 2 above ____ x 0.01 = ____. Select from applications within $100/month of the income eligibility guidelines. For applications based on case numbers, use the number in 1b above____ x 0.005 = ____. Select from applications with case numbers.

☐ **None:** Your Local Educational Agency (LEA) is exempt from verification.

Results of Verification

*Report the number of applications and students verified by application type. **Do not** include number of students listed in 1a.*		**Free Eligible** based on SNAP, TANF, or FDPIR case number	**Free Eligible** based on income	**Reduced-Price Eligible**
4. Responded and No Change	# Applications			
	# Students			
5. Responded and Changed to Free	# Applications			
	# Students			
6. Responded and Changed to Reduced	# Applications			
	# Students			
7. Responded and Changed to Paid	# Applications			
	# Students			
8. Did Not Respond, Changed to Paid	# Applications			
	# Students			

_____   _____
Signature of School District Official   Date Completed (by November 15)